

File with
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Stewart

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Roger Stewart

Political Party (if applicable)

Democrat

Office Sought

State Senate

District (if Senate or House)

13

**FORM
DR-2**

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1363

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Vera Randall

SIGNATURE OF PERSON FILING REPORT

563-652-6382

TELEPHONE

1-14-2008

DATE SIGNED

I AM FILING A January 19, 2008

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 2,721.42

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

7,420.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 10,141.42

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

125.00

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 10,016.42

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

49.33

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

700.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES

NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Citizens for Stewart

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(5), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/10/2007	ID# 6056 CK# 3623	Bankers Unite in Legislative Decisions 8800 MW 62nd Avenue Johnston, IA 50131-6200		\$500.00	<input checked="" type="checkbox"/>
6/10/2007	ID# 6118 CK# 2434	Iowa Optometric Association 1454 30th St., Ste. 204 West Des Moines, IA 50266		250.00	<input checked="" type="checkbox"/>
6/10/2007	ID# 6160 CK# 2283	Iowa Independent Bankers 1603 22nd St, Suite 202 West Des Moines, IA 50266		150.00	<input checked="" type="checkbox"/>
6/10/2007	ID# CK# 3685	Julie A. Smith 3917 Hillcrest Drive Des Moines, IA 50310-4334		50.00	<input checked="" type="checkbox"/>
6/10/2007	ID# CK# 5919	Cecelia J. Tomlonovis 1245 40th St. Des Moines, IA 50311		25.00	<input checked="" type="checkbox"/>
6/10/2007	ID# CK# 3049	Susan K. Cameron 600 Brentwood Dr. Waukee, IA 50236		150.00	<input checked="" type="checkbox"/>
6/10/2007	ID# 6058 CK# 4007	Iowa Chiropractic Society 1605 N. Ankeny Blvd., Suite 100 Ankeny, IA 50023		100.00	<input checked="" type="checkbox"/>
6/10/2007	ID# 6059 CK# 2952	Iowa Committee of Automotive Retailers 1111 Office Park Rd. West Des Moines, IA 50265		200.00	<input checked="" type="checkbox"/>
6/10/2007	ID# 6356 CK# 1430	Freedom Fund Pac #6356 1711 7th St. Des Moines, IA 50314		100.00	<input checked="" type="checkbox"/>
6/10/2007	ID# 6430 CK# 1509	Iowa Rural Water State PAC 4221 S. 22nd Ave. E Newton, IA 50208		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1625.00

TOTAL (If last page of this schedule)

\$

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Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Citizens for Stewart

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
6/10/2007	ID# 6075 CK# 1629	Iowa Nurses Association 1501 42nd St., Suite 471 West Des Moines, IA 50266		\$50.00	<input checked="" type="checkbox"/>
6/10/2007	ID# CK# 1003	Stephen W. Roberts 666 Walnut Suite 2500 Des Moines, IA 50309		50.00	<input checked="" type="checkbox"/>
7/20/2007	ID# 6077 CK# 1926	Iowa Pharmacy PAC # 6077 8515 Douglas, Suite 16 Des Moines, IA 50322		250.00	<input type="checkbox"/>
7/20/2007	ID# CK# 9315	David Palmer 213 SW Flynn Dr. Ankeny, IA 50023		100.00	<input type="checkbox"/>
7/20/2007	ID# CK# 5818	Steven J. Ovel 2259 Washington Ave. SE Cedar Rapids, IA 52403		100.00	<input type="checkbox"/>
8/17/2007	ID# CK# 6233	Robert J. Osterhaus 216 Austin Ave. Maquoketa, IA 52060		50.00	<input checked="" type="checkbox"/>
8/17/2007	ID# CK# 6059	Holly Wold 410 N. Dearborn Maquoketa, IA 52060		20.00	<input checked="" type="checkbox"/>
8/17/2007	ID# CK# 4246	Kent J. Jorgensen 913 7th Ave. N Clinton, IA 52732		50.00	<input checked="" type="checkbox"/>
8/17/2007	ID# CK# 1121	Sharon Ehlinger 19782 Bellevue Cascade Road LaMotte, IA 52054		25.00	<input checked="" type="checkbox"/>
8/17/2007	ID# CK# 3723	Steven Ackerson 1634 NW 131st St. Clive, IA 50325		100.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 795.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Stewart

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/17/2007	ID# 6067 CK# 3692	Iowa Health PAC #6067 6750 Westown Parkway #100 West Des Moines, IA 50266		\$250.00	<input checked="" type="checkbox"/>
8/17/2007	ID# CK# 6176	Kenneth Carlson 3259 Hickory Hollow Lane Waukee, IA 50283		50.00	<input checked="" type="checkbox"/>
9/20/2007	ID# 6098 CK# 3575	Iowa Bev Pac #6098 321 E. Walnut--Suite 310 Des Moines, IA 50309-2026		1,000.00	<input type="checkbox"/>
11/16/2007	ID# 6058 CK# 4133	Iowa Chiropractic Society PAC 1605 N. Ankeny Blvd., Suite 100 Ankeny IA 50023		100.00	<input type="checkbox"/>
11/16/2007	ID# 6059 CK# 3089	Iowa Committee of Automotive Retailers 1111 Office Park Rd. West Des Moines, IA 50265		100.00	<input type="checkbox"/>
11/26/2007	ID# 8473 CK# 1833	Aquila Inc., Employee Federal PAC 20 W. 9th Street, 2nd Floor Kansas City, MO 64105		200.00	<input type="checkbox"/>
11/26/2007	ID# CK# 4774	J. David Rosenberg 3436 Vista Avenue Cincinnati, OH 45028		1,000.00	<input type="checkbox"/>
12/5/2007	ID# CK# 1019	James & Robin Myers 6600 Westown Parkway West Des Moines, IA 50266		375.00	<input checked="" type="checkbox"/>
12/5/2007	ID# CK# 1017	Michael P. Medved 6600 Westown Parkway West Des Moines, IA 50266		375.00	<input checked="" type="checkbox"/>
12/5/2007	ID# 6160 CK# 2295	Iowa Independent Bankers PAC 1603 22nd Street Suite 202 West Des Moines, IA 50266		250.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 3,700.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME** (Must be same as on Statement of Organization)

Citizens for Stewart

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12/5/2007	ID# 8052 CK# 5608	Dupont Good Government Fund 1007 Market Street Wilmington, DE 19898		\$150.00	<input checked="" type="checkbox"/>
12/14/2007	ID# 8473 CK# 2022	Aquila Inc. Employee Federal PAC 20 W 9th Street, 2nd Floor Kansas City, MO 64105		400.00	<input type="checkbox"/>
12/31/2007	ID# 8201 CK# 10529	Wal*Pac, Walmart Stores, Inc. 702 SW 8th Street Bentonville, AR 72716-0150		500.00	<input checked="" type="checkbox"/>
12/31/2007	ID# CK# 10653	Alan Muhlenbruck 9354 10th St. Mediapolis, IA 52637		250.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,300.00

TOTAL (if last page of this schedule)

\$ 7,420.00

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Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES
☐ CHECK THIS BOX IF
AMENDING FORM
COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Stewart

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/25/2007	ID# CK# 1143	V-Empower 6800 Willow Creek Rd Bowie, MD 20720	Web Site	\$ 100.00
8/18/2007	ID# CK# 1144	Circle K. Stores, James L. Law 302 22nd Ave. N. Clinton, IA 52732	Refund of a contribution from an out-of-state corporation	25.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 125.00
TOTAL (If last page of this schedule)				\$ 125.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Stewart

Resct Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
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☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/22/2007	Iowa Senate Majority Fund 5661 Fleur Dr. Des Moines, IA 50321		USPS-Postage for Des Moines Event	\$ 18.92	<input checked="" type="checkbox"/>
6/5/2007	Iowa Senate Majority Fund 5661 Fleur Dr. Des Moines, IA 50321		Food for Des Moines Fundraiser	30.41	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 49.33	
TOTAL (if last page of this schedule)				\$ 49.33	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens for Stewart

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 700.00

Reset Form

SCHEDULE

F

(Rev. 07/03)

LOANS
RECEIVED
& REPAYED

☐ CHECK THIS BOX IF
AMENDING FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$

From Schedule E - TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 700.00

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Page _____ of _____
(for Schedule F)